



**WORK IMPROVEMENT PLAN**  
NOTICE OF SUBSTANDARD PERFORMANCE  
State Form 52405 (9-05)

This form is to be used to address and correct performance deficiencies that arise during the performance review period.

<b>Employee Name</b>	<b>Employee ID Number</b>
<b>Agency/Division</b>	<b>Business Unit</b>
<b>Class title/Class code</b>	<b>Review Period</b> to

Type of Work Improvement Plan/Follow Up Date: ☐ 30 Days ☐ 60 Days ☐ 90 Days

**Description of specific performance deficiencies:**

**Corrective action to be taken:**

Employee's Responsibility:

Manager/Supervisor's Responsibility:

**This form documents that you must make timely improvement in the performance of your duties. Failure to improve your performance to at least a "Meets Expectations" level by the prescribed date may result in reassignment, demotion, or termination.** Emp. Initials: \_\_\_\_\_

Evaluator signature:	Reviewer signature:	Appointing Authority signature:	Date:
Employee signature:			Date:

***To be completed at end of plan period***

Successful Completion of Work Improvement Plan: ☐ Yes ☐ No Date: \_\_\_\_\_

If No, explain follow up action taken: \_\_\_\_\_

Supervisor Initials: \_\_\_\_\_ Employee Initials: \_\_\_\_\_